EPHONE (312) 258-5500

SCHIFF HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

GROUP ART UNIT: 3737

SERIAL NO.:

re application of:

10/804,707

FILED:

March 19, 2004

Michael MASCHKE

EXAMINER: Elmer M. Chao **CONFIRMATION NO.: 7519**

TITLE:

CATHETER FOR MAGNETIC NAVIGATION

AMENDMENT "A"

MAIL STOP AMENDMENT

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

			CLAIMS AS AMEND	ED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONA FEE
TOTAL CLAIMS	*4	MINUS	**20	X 2	() X 9.00 () X 18.00	\$00
INDEP. CLAIMS	*1	MINUS	3	х	() X 40.00 () X 80.00	
	mended to contain dependent claims y paid for.			(') YES () NO	()\$135.00 ()\$270.00 ONE TIME	
		Ž.	TOTAL ADDITIONAL			\$0.0

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

\mathbf{z}	A check in the ar	nount of \$ 450.00 is attached.
	A check for \$	accompanying IDS under 37 CEP 1 07(a) is attached

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A 1 1 C C	1.75	~	_							

	BY Steven & Noll (28,982)
I hereby certify that this correspondence is being depos envelope addressed to: Commissioner for Patents, P. O.	sited with the United States Postal Service as First Class Mail in an Box 1450, Alexandria, VA 22313-1450 on December 18, 2006.
12/28/2006 ZJUHAR2 00000002 10804707	Steven H. Noll NAME OF APPLICANT'S ATTORNEY

01 FC:1252 450.00 OP

December 18, 2006 DATE

SCHIFF HARDIN LLP (Customer Number: 26574)

CHI\ 4791571.1

Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated July 21.2006 for 2 months so that the period for response is extended to December 21, 2006. A check in the amount of \$450.00 is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

_ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed. When phoning re this application, please call (312) 258-5500.